

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41401**

FILED JAN 11 1943

Registration District No. **228**

Primary Registration District No. **5808**

Registrar's No. **0**

1. PLACE OF DEATH:

(a) County **Montgomery**
(b) City or town **Bearcreek township (Rural)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **Life**
years, months or days)

3. (a) PRINT FULL NAME **Charles W. Ahmann.**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Unknown.** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. **9** **11** **1864**
(Month) (Day) (Year)

8. AGE: Years **78** Months **11** Days **7** If less than one day
hr. _____ min.

9. Birthplace **Montgomery Co Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business **General duties**

12. Name **Rudolph Ahmann,**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Minnie Ahmann**

15. Birthplace **Warren Co Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Louis Snarr**

(b) Address **Jonesburg Mo.**

17. (a) **Burial** (b) Date thereof **12-20-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Prices Branch Pres Cem.**

18. (a) Signature of funeral director **Ed Jones**

(b) Address **Bellflower Mo.**

19. (a) **12-22-42** (b) **Lillie Jeffries**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Montgomery**
(c) City or town **Rural.**
(If outside city or town limits, write "RURAL")
(d) Street No. **Bearcreek township**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **18**
year **1942** hour **4** minute **30** P. M.

21. I hereby certify that I attended the deceased from **December 14** 1942 to **December 18** 1942
that I last saw him alive on **December 18** 1942
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Pneumonia** Duration **5 Days**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **J. H. Van Audale** (M. D. or other) **Dr**
Address **Montgomery City - Mo** Date signed **12/19/42**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
..... Me....., Registered Apprentice No.....
..... working under my personal supervision.

Signed.....

Oland A Jones

Licensed Embalmer No. 2978

P. O. Address..... Bellflower Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.